



Department of Medical Assistance Services  
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Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID PROVIDER MANUAL UPDATE

TO: All *Durable Medical Equipment and Supplies* providers participating in the Virginia Medical Assistance Program, Managed Care Organizations, and holders of the *Durable Medical Equipment and Supplies* Medicaid Provider Manual

UPDATE: DME-04-04

FROM: Patrick W. Finnerty, Director  
Department of Medical Assistance Services (DMAS)

DATE: 12/1/2004

SUBJECT: Update to Second Edition of the *Durable Medical Equipment and Supplies* Provider Manual

The purpose of this memorandum is to provide you with updated information regarding Appendix B of the *Durable Medical Equipment (DME) and Supplies* Provider Manual. The Department of Medical Assistance Services (DMAS) has made several updates to the Appendix B based on notification from the Centers for Medicare and Medicaid Services (CMS) that several Healthcare Common Procedural Coding System (HCPCS) codes are being discontinued. The table below details the changes made. These updates are effective for dates of service on or after January 1, 2005.

**Please Note:** Appendix B of the *DME and Supplies* Provider Manual has been updated and is now available on the DMAS website ([www.dmas.virginia.gov](http://www.dmas.virginia.gov)) to be downloaded, or you may contact Commonwealth-Martin to receive your copy of the updated Appendix B.

Category	Previous Code	New Code	Description	Prior Authorization
Beds, Mattresses and Accessories	E0179	E1399	Dry pressure pad or cushion, non-positioning	Yes
Beds, Mattresses and Accessories	E0179 RR	E1399 RR	Dry pressure pad or cushion, non-positioning	Yes
Incontinence/Catheter Supplies	A4324	A4349	Male external catheter, with or without adhesive, disposable	No
Incontinence/Catheter Supplies	A4325	A4349	Male external catheter, with or without adhesive, disposable	No
Incontinence/Catheter Supplies	A4347	E1399	Male external catheter with or without adhesive, with or without anti-reflux device, per dozen	Yes
Incontinence Undergarments	A4521	T4521	Adult size Disposable Incontinence Product, Brief/Diaper, Small	No
Incontinence Undergarments	A4521 U1	T4521 U1	Adult size Disposable Incontinence Product, Brief/Diaper, Small, Extra Absorbent	No
Incontinence Undergarments	A4522	T4522	Adult size Disposable Incontinence Product, Brief/Diaper, Medium	No

Incontinence Undergarments	A4522 U1	T4522 U1	Adult size Disposable Incontinence Product, Brief/Diaper, Medium, Extra Absorbent	No
Incontinence Undergarments	A4523	T4523	Adult size Disposable Incontinence Product, Brief/Diaper, Large	No
Incontinence Undergarments	A4523 U1	T4523 U1	Adult size Disposable Incontinence Product, Brief/Diaper, Large, Extra Absorbent	No
Incontinence Undergarments	A4524	T4524	Adult size Disposable Incontinence Product, Brief/Diaper, Extra Large, Extra Absorbent	No
Incontinence Undergarments	A4525	T4525	Adult size Disposable Incontinence Product, Protective Underwear/Pull-On, Small	No
Incontinence Undergarments	A4526	T4526	Adult size Disposable Incontinence Product, Protective Underwear/Pull-On, Medium	No
Incontinence Undergarments	A4527	T4527	Adult size Disposable Incontinence Product, Protective Underwear/Pull-On, Large	No
Incontinence Undergarments	A4528	T4528	Adult size Disposable Incontinence Product, Protective Underwear/Pull-On, Extra Large	No
Incontinence Undergarments	A4529	T4529	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Small or Medium Extra Absorbent	No
Incontinence Undergarments	A4530	T4530	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large or Extra Large, Extra Absorbent	No
Incontinence Undergarments	A4535	E1399	Panty Liners, Extra Absorbent	Yes
Nutritional Supplements	B4151	E1399	Enteral formulae; category I	Yes
Nutritional Supplements	B4156	E1399	Enteral formulae; category VI	Yes
Respiratory, Oxygen, Ventilators	A4609	E1399	Tracheal suction catheter, closed system, for less than 72 hours of use	Yes
Respiratory, Oxygen, Ventilators	A4610	E1399	Tracheal suction catheter, closed system, for 72 hours or more of use	Yes
Wheelchair Accessories	E0962	E1399	One-inch cushion for wheelchair	Yes
Wheelchair Accessories	E0962	E1399 RR	One-inch cushion for wheelchair	Yes
Wheelchair Accessories	E0963	E1399	Two-inch cushion for wheelchair	Yes
Wheelchair Accessories	E0963 RR	E1399 RR	Two-inch cushion for wheelchair	Yes
Wheelchair Accessories	E0964	E1399	Three-inch cushion for wheelchair	Yes
Wheelchair Accessories	E0964 RR	E1399 RR	Three-inch cushion for wheelchair	Yes
Wheelchair Accessories	E0965	E1399	Four-inch cushion for wheelchair	Yes
Wheelchair	E0965 RR	E1399 RR	Four-inch cushion for wheelchair	Yes

Accessories				
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### **DME MODIFIERS**

Effective with dates of service on and after January 1, 2004, DMAS no longer recognizes modifiers used for DME codes with two exceptions: (i) the nationally established modifier for rental items, which is "RR" for the DME program; and (ii) the modifier of U1 for extra absorbent diapers. Please see the updated Appendix B for the appropriate codes and modifiers for diapers.

### **COMMUNICATION TO DME PROVIDERS**

DMAS has designed an email address specifically for providers to email questions about DME to DMAS ([dme@dmass.virginia.gov](mailto:dme@dmass.virginia.gov)). These questions should pertain to policies, codes, or rates and should not pertain to pre-authorizations, as these questions should continue to be directed to the pre-authorization contractor, WVMI, at **1-800-299-9864**. In the future, DMAS will be able to alert providers to changes to Appendix B via the DMAS ListServe. The ListServe is a real-time solution to notifications and will allow providers to have complete, up-to-date information without waiting for mailings. To subscribe, send an email to [dme@dmass.virginia.gov](mailto:dme@dmass.virginia.gov). On the subject line of the email form, type "subscribe" (without the quotes). This is an automated system. If you put anything else on the subject line, you will not be added to the list. Please include "recipient," "provider," or "other," whichever best describes you, in the body of your email. To unsubscribe, send an email to DMAS at [dme@dmass.virginia.gov](mailto:dme@dmass.virginia.gov). On the subject line of the email form, type "unsubscribe" (without the quotes).

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmass.virginia.gov](http://www.dmass.virginia.gov) (*please note the new DMAS website address*). Refer to the Provider Column to find Medicaid and SLH Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **"HELPLINE"**

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804-786-6273

Richmond area and out-of-state long distance

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1-800-552-8627      All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.

Attachments: (1)

***DURABLE MEDICAL EQUIPMENT AND SUPPLIES MANUAL***  
**REVISION CHART**  
**December 1, 2004**

**SUMMARY OF REVISIONS**

<b>MANUAL SECTION</b>	<b>MATERIAL REVISED</b>	<b>NEW PAGE NUMBER(S)</b>	<b>REVISED PAGE(S)</b>	<b>REVISION DATE</b>
Appendix B	Appendix B		Entire Appendix B	12/1/04

**FILING INSTRUCTIONS**

<b>MANUAL SECTION</b>	<b>DISCARD</b>	<b>INSERT</b>	<b>OTHER INSTRUCTIONS</b>
Appendix B	Old Appendix B	New Appendix B	